

## TREATMENT PROTOCOL: NON-TRAUMATIC HYPOTENSION

1. Basic airway
2. Oxygen/pulse oximetry
3. Advanced airway prn
4. Cardiac monitor: document rhythm and attach ECG strip if dysrhythmia identified
5. Venous access

| CLEAR BREATH SOUNDS  | RALES  |
|--|--|
| 6. <b>Normal Saline</b> fluid challenge<br>10ml/kg IV at 250ml increments  | 7. <b>ESTABLISH BASE CONTACT (ALL)</b>   |
| 7. <b>ESTABLISH BASE CONTACT (ALL)</b>   | 8. If bleeding not suspected:<br><b>Dopamine</b> (Adult Administration Only)<br>400mg/500ml NS IVPB<br>Start at 30mcgts/min titrate to<br>SBP 90-100mmHg and signs of<br>adequate perfusion or to a<br>maximum of 120mcgts/min |
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### SPECIAL CONSIDERATIONS

This treatment protocol includes, but is not limited to, treatment of:

- Cardiogenic shock without dysrhythmia
- Ectopic pregnancy
- Sepsis
- GI bleed
- 2<sup>nd</sup> or 3<sup>rd</sup> trimester hemorrhage
- Ruptured aorta

If 2<sup>nd</sup> or 3<sup>rd</sup> trimester hemorrhage, left lateral position to decrease pressure on the vena cava, enhance maternal flow and increase perfusion.